diagnosing angiomas because they can be confused with an inflammatory or serous retinal elevation. Retinoblastomas of less than 2 mm are easily missed unless they contain calcium deposits which are highly reflective to the ultrasonic vibrations.

In Coleman's opinion, ultrasound is the best "non-invasive" test for intraocular tumors available.

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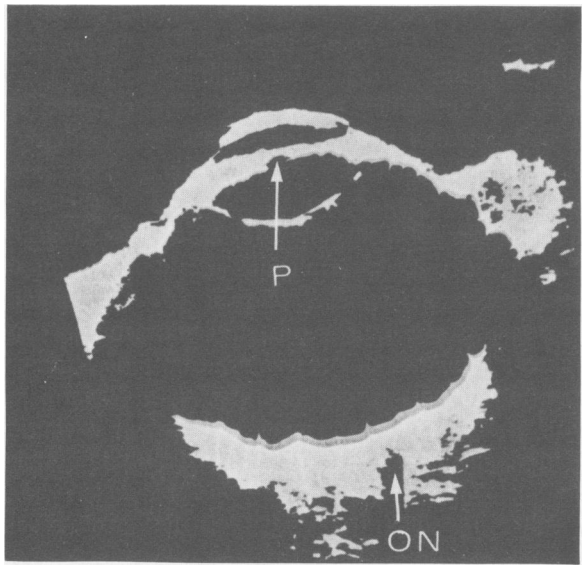

B-Scan of Normal Eye (15MH$_z$). Note pupillary aperture (P), passage of the optic nerve through retrobulbar fat (ON) and normal ocular contour.

Ultrasonography in Ophthalmology

ULTRASONOGRAPHY HAS BECOME an important diagnostic technique in ophthalmology, particularly during the past few years. The development of high resolution instruments has made it possible to examine the eye and orbit carefully with both the A-scan (time-amplitude) and the B-scan (scanned, intensity-modulated) techniques. Each of these techniques has certain advantages. Examination with the A-scan is somewhat more rapid and a careful examination of the globe can be made by using quantitation and kinetic studies. Through tissue calibration, an actual differentiation of intraocular and orbital lesions often can be diagnosed. B-scan ultrasonography has the advantage of giving an anatomical display very similar to that of a section through the eye and orbit, and this facilitates the interpretation.

Ultrasonography provides a means for examining eyes that cannot be visualized because of corneal opacities, cataracts, hemorrhages and the like. In this way retinal detachments, tumors, hemorrhages, and foreign bodies can be diagnosed and evaluated. These techniques are particularly applicable in cases of exophthalmos, as the other forms of orbital study often do not provide adequate information for making a diagnosis.

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Cosmetic Operations on the Eyelids

BLEPHAROPLASTY is a frequently performed operation in which excess tissue is removed from the eyelids. Removal of too little tissue can be remedied by reoperation. Removal of too much tissue can be disastrous. To help avoid overexcision, skin clamps have been designed which can be placed on the skin, removed, and reapplied until the excess is accurately determined.

A new method for marking the skin before removal also has been developed. Tissues are injected with a local anesthetic agent to which hyaluronidase has been added. After 30 minutes the skin can be pinched and the undersurfaces will seem to adhere. The "roll" of skin to be excised can be adjusted to the proper amount before any incision is made. Excision is quickly done with scissors. The use of this "pinch" technique has proven quite effective.

A new operation to provide dynamic closure of the lids affected by facial paralysis has been devised. It consists of threading a fine silicone rubber rod along the pretarsal areas of both upper and lower lids, and securing it at the canthi. The levator then can open the eye, and when the levator relaxes, a sphincter-like action closes the lids. The operation also helps to elevate the sagging lower lid and reduces the epiphora. The rod must be carefully inserted under just the right tension. There may be complications such as infection, extrusion, entropian and ectropion. However, this technique seems superior to the use of gold